

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/477,977	01/05/00	600	3739	825.001US2

APPLICANT

JOHN H. BURTON, MINNETONKA, MN; TIMOTHY C. COOK, WAYZATA, MN.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A CON OF 08/873,444 06/12/97

RK

****371 (NAT'L STAGE) DATA*******

VERIFIED

None, RK

****FOREIGN APPLICATIONS*******

VERIFIED

None, RK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/14/00 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 4	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

~~SEE CUSTOMER NUMBER: 021186~~
Schwegman, Lundberg, Weissner + Kluh, P.A.
P.O. Box 2938
Minneapolis, MN 55402

TITLE

IMPLANTABLE DEVICE AND METHOD FOR ADJUSTABLY RESTRICTING A BODY LUMEN

FILING FEE RECEIVED \$384	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 1025

SERIAL NUMBER 09/477,977	FILING DATE 01/05/2000 RULE	CLASS 600	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 825.001US2
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APPLICANTS

JOHN H. BURTON, MINNETONKA, MN;

TIMOTHY C. COOK, WAYZATA, MN;

** CONTINUING DATA *****

This application is a CON of 08/873,444 06/12/1997 PAT 6,045,498

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/14/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 4	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLE

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RECEIVED 603		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)